JUL 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County RANDOLPH Registration District No. 735 File No. 21565
Township Primary Registration District No. 3034 Registered No. 98
City MOBERLY (No. , St. Ward)

2. FULL NAME Sim. HALLIBURTON
(a) Residence, No. 808 FRANKLIN St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 1-1860
7. AGE YEARS 74 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CARPENTER
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME DAVID HALLIBURTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

MOTHER
15. MAIDEN NAME SARAH ANN EDWARDS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) FRANK WRIGHT. Ky
18. BURIAL, CREMATION, OR REMOVAL PLACE CHAPEL HILL Near Macon, Mo. DATE JUNE 17, 1934
19. UNDERTAKER (ADDRESS) SNOW-LEAVERTON MOBERLY, Mo
20. FILED 6/16 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to June 15, 1934
I last saw him alive on June 13, 1934. Death is said to have occurred on the date stated above, at 10.50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	June 11
186 B	
194 B	
103 B	

186a

Other contributory causes of importance:
Probably Hemorrhage

Name of operation Date of
What test confirmed diagnosis? Clin. Signs & Symph Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
~~Accident, suicide, or homicide?~~ yes Date of injury 6-11, 1934
Where did injury occur? His home Moberly Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Fell from a building
Nature of injury Fell on head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. C. Smith, M. D.
(Address) Moberly, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.